|                                                                          | Application or Docket Number                                                                                                                                                    |                                           |                      |                                  |                |                  |         |                    |     |                        |               |                     |                        |          |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|----------------------------------|----------------|------------------|---------|--------------------|-----|------------------------|---------------|---------------------|------------------------|----------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003   |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         |                    |     |                        |               |                     |                        | 1        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         | SMALL<br>TYPE      |     |                        | <del>/€</del> |                     | THAN                   |          |
| TOTAL CLAIMS                                                             |                                                                                                                                                                                 |                                           | 12-6                 |                                  |                |                  |         | RATE               | _   | FEE                    | OR<br>1       | SMALL               | FEE                    |          |
| FOR                                                                      |                                                                                                                                                                                 |                                           | NUMBER FILED         |                                  | NUMBER EXTRA   |                  |         | BASIC F            |     |                        |               | BASIC FEE           |                        |          |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                 |                                           | 2-5 minus 20=        |                                  | .5             |                  | 1       | X\$ 9=             | ,   |                        | OR            |                     | 72.                    | 1        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                 |                                           | 3 minus 3 =          |                                  | 0              |                  |         | X42=               | =   |                        |               | You                 | / =:                   |          |
| M                                                                        | ULTIPLE DEPE                                                                                                                                                                    | NDENT CLAIM P                             | RESENT               |                                  |                |                  | 1       |                    | -   |                        | OR            |                     |                        |          |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                 |                                           |                      |                                  |                | _                | +140=   |                    |     | OR                     |               |                     |                        |          |
|                                                                          |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         | TOTAL              | ۱ ا | L                      | OR            |                     | 022                    |          |
| ť                                                                        | (Cotumn 2) (Cotumn 3)                                                                                                                                                           |                                           |                      |                                  |                |                  | 3)      | SMAL               | LE  | NTITY                  | OR            | SMALL               |                        |          |
| AMENDMENTA                                                               |                                                                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT           |                      | PREVIO<br>PAID                   | BER .<br>DUSLY | PRESENT<br>EXTRA | т       | RATE               |     | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |          |
| 2                                                                        | Total                                                                                                                                                                           | - 24                                      | Minus                | **                               | 火              | -0               |         | X\$ 9=             |     | •                      | OR            | X\$18=              |                        |          |
| AME                                                                      | Independent<br>FIRST PRESI                                                                                                                                                      | ENTATION OF M                             | Minus<br>II TIOLE DE | SENDENT                          | 3              | - /              |         | X42=               | 1   |                        | OR            | X845                | 200                    | $\infty$ |
| _                                                                        | 1                                                                                                                                                                               | Litterior of m                            | OETH DE DE           | COLORI                           | COGM           |                  | _       | +140=              |     |                        | OR            | +280=               | /                      |          |
|                                                                          |                                                                                                                                                                                 |                                           |                      | •                                | • :            | ٠.               |         | YOYA               |     |                        | OR            | TOTAL               | 221                    | (D)      |
| 5-18-06 (Column 1) (Column 2) (Column 3)                                 |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         | ADDIT. FE          | E L | ·                      |               | ADDIT. FEE          | 100                    | 'rad     |
| AMENDMENT B                                                              |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER            | PRESENT<br>EXTRA | т       | RATE               | -   | ADDI-<br>TIONAL<br>FEE |               | PATE                | ADDI-<br>TIONAL<br>FEE |          |
| 夏                                                                        | Total                                                                                                                                                                           | .22                                       | Minus                | -2                               | 4              | ±0>              |         | X\$ 9=             | 1   |                        | OR            | X\$18=              |                        |          |
| AME                                                                      | Independent                                                                                                                                                                     | • 4                                       | Minus                | <b>44</b> 3                      |                | 20               |         | X42=               | 1   | 1                      |               | X84=                | 1                      | •        |
| L                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |                      |                                  |                |                  |         | +140=              | 1   |                        | OR            |                     | -                      |          |
|                                                                          |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         |                    | 4   |                        | OR            | +280=               | /_                     |          |
|                                                                          |                                                                                                                                                                                 |                                           |                      |                                  |                |                  |         |                    |     | `                      | OR            | ADDIT. FEE          |                        |          |
| 6                                                                        |                                                                                                                                                                                 | (Column 1)<br>CLAIMS                      |                      | (Colum                           | ST             | (Column          | 7 1     |                    | 1   | 1001                   |               |                     | C                      |          |
| AMENDMENT C                                                              |                                                                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT           |                      | PREVIO<br>PAID F                 | USLY           | PRESENT          |         | RATE               | 1   | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL        |          |
| ğ                                                                        | Total                                                                                                                                                                           | •                                         | Minus                | **                               |                | 5                | 71      | X\$ 9=             | t   |                        | 00            | X\$18=              | FEE                    |          |
|                                                                          | Independent                                                                                                                                                                     | •                                         | Minus                | ***                              |                | 8                | ] [     | X42□               | t   |                        | OR            | X84=                |                        |          |
| L                                                                        | FIRST PRESE                                                                                                                                                                     | ENTATION OF MI                            | JLTIPLE DEP          | ENDENT                           | CLAIM          |                  | J       | +140=              | +   |                        | OR            |                     |                        |          |
| • 1                                                                      | * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  **If the "Highest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20." |                                           |                      |                                  |                |                  |         |                    |     |                        | OR            | +280=               |                        |          |
| -                                                                        | ii the Trignest Nu<br>If the Trighest Nu                                                                                                                                        | mber Previously Pe<br>mber Previously Pr  | M For IN THE         | S SPACE is<br>S SPACE is         | less that      | 20, enter *      |         | TOTAL<br>DOIT, FEE | ١L  | إخصته                  |               | TOTAL<br>ADDIT. FEE |                        |          |
|                                                                          | The Teghest Nur                                                                                                                                                                 | ber Previously Pal                        | d For" (Total or     | Independe                        | nt) is the     | highest num      | ber fou | nd in the a        | ppn | opriate box            | in col        | umn 1.              |                        |          |